

FORM 4: MONTHLY TRACKING FORM

Participant Name: _____

Last First MI

Participant ID Number: Participant IDA1. Reporting Period (Month/Year): / 4Q A1 Reporting PeriodA2. Check here if program did not have contact with participant during the month: ☐ 4Q A2 No ContactA3. Check here if individual did not participate in any activity during the month: ☐ 4Q A3 No Activity****Check All Services Received During Month******B. Education/Training/Job Placement**☐ 4Q B1 Primary Education☐ 1. Primary Education, Basic Skills, Pre-GED☐ 4Q B2 Secondary Education☐ 2. Secondary Education/GED Preparation☐ 4Q B3 Post-Secondary Education☐ 3. Post-Secondary Education☐ 4Q B4 ESL☐ 4. English as a Second Language (ESL)☐ 4Q B5 Job Club/Job Search☐ 5. Job Club/Job Search☐ 4Q B6 Job Referrals☐ 6. Job Referrals☐ 4Q B7 OJT/Subsidized Work☐ 7. OJT/Apprenticeship/Subsidized Job☐ 4Q B8 Job Skills Training☐ 8. Job Skills Training/Vocational Education☐ 4Q B9 Job Readiness/Life Skills Training☐ 9. Job Readiness/Life Skills/Pre-Employment☐ 4Q B10 Job Retention☐ 10. Job Retention Services☐ 4Q B11 Other☐ 11. Other (specify): _____**C. Child Support/Parenting/Visitation:**☐ 4Q C1 Paternity Establishment☐ 1. Help with Paternity Establishment☐ 4Q C2 Child Support Order - Establishing☐ 2. Help with Establishing a Child Support Order☐ 4Q C3 Child Support Order - Modifying☐ 3. Help with Modifying a Child Support Order☐ 4Q C4 Child Support Arrearage Negotiation☐ 4. Help with Child Support Arrearage☐ 4Q C5 Establishing/Modifying Visitation Order☐ 5. Help Establishing/Modifying Visitation Order☐ 4Q C6 Establishing/Modifying Custody Order☐ 6. Help Establishing/Modifying Custody Order☐ 4Q C7 Dealing with Child Abuse/Neglect☐ 7. Help Dealing with Child Abuse or Neglect☐ 4Q C8 Parenting Plan☐ 8. Help Establishing a Parenting Plan☐ 4Q C9 Visit Children☐ 9. Help Getting to Visit Children☐ 4Q C10 Mediation☐ 10. Mediation☐ 4Q C11 Parenting Education - Days Attended in Month☐ 11. Parenting Education-> _____☐ 4Q C12 Other Services Received - Description☐ 12. Other (specify): _____**D. Other Services:**☐ 4Q D1 Peer Support☐ 1. Peer Support-> _____ Days Attended in Month☐ 4Q D2 Transportation Assistance☐ 2. Transportation Assistance☐ 4Q D3 Child Care Assistance☐ 3. Child Care Assistance☐ 4Q D4 Medical/Dental/Vision☐ 4. Medical/Dental/Vision Exams and Treatment☐ 4Q D5 Substance Abuse Treatment/Counseling☐ 5. Substance Abuse Treatment/Counseling☐ 4Q D6 Mental Health Treatment/Counseling☐ 6. Mental Health Treatment/Counseling☐ 4Q D7 Vocational Rehabilitation☐ 7. Vocational Rehabilitation☐ 4Q D8 Services Related to Anger Management☐ 8. Services Related to Anger Management☐ 4Q D9 Services Related to Partner Abuse☐ 9. Services Related to Partner Abuse☐ 4Q D10 Housing Placement/Assistance☐ 10. Housing Placement/Assistance☐ 4Q D11 Money Management/Budgeting☐ 11. Money Management/Budgeting☐ 4Q D12 Other Legal Assistance☐ 12. Other Legal Assistance☐ 4Q D13 Clothing/Work Equipment☐ 13. Clothing/Work Equipment☐ 4Q D14 ID Card☐ 14. Help Obtaining an ID Card☐ 4Q D15 Case Management☐ 15. Case Management☐ 4Q D16 Other Advocacy/Referral Services☐ 16. Other Advocacy/Referral Services☐ 4Q D17 Other Service Received - Description☐ 17. Other (specify): _____**E. EMPLOYMENT STATUS**

E1. Was the participant employed at any time during the reporting month?

☐ 1. Yes [Go to Question E2.]☐ 2. No [Go to Section F.]☐ 3. Don't Know [Go to Section F.]

E2. What was participant's employment status at the end of the reporting month (or at last contact)?

☐ 1. Employed full-time☐ 2. Employed part-time☐ 3. Employed on temporary basis/worked at pick-up or occasional jobs☐ 4. Not working☐ 5. Don't Know

E3. On average (during the month), how many

hours did the participant work per week? _____

E4. What was the participant's hourly wage before

taxes/deductions? \$ _____ per hour

E5. What kind of work did participant do?

☐ 4Q E5 Type of Work

E6. Did the participant change or lose a job at any time during the reporting month?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know

E7. If participant changed or lost a job, why?

[Check all that apply.]

☐ 1. Terminated/Fired☐ 2. Quit/Resigned☐ 3. Found Better Job☐ 4. Laid-off☐ 5. Don't Know☐ 6. Other: 4Q E7b Other specify**F. OUTCOMES/MILESTONES**

F1. Check outcomes/milestones completed during month by participant: [Check all that apply.]

☐ 1. Completed a GED 4Q F1 GED☐ 2. Completed Vocational Training/Education 4Q F2 Vocational Training☐ 3. Completed Anger Management Class 4Q F3 Anger Management☐ 4. Completed Substance Abuse Treatment 4Q F4 Substance Abuse☐ 5. Completed Parenting Education/Curriculum 4Q F5 Parenting Education☐ 6. Established Paternity 4Q F6 Paternity☐ 7. Established a Child Support Order 4Q F7 Child Support Order☐ 8. Modified a Child Support Order 4Q F8 Modify Support Order☐ 9. Established/Modified Visitation/Custody Order 4Q F9 Visitation/Custody Order☐ 10. Established a Parenting Plan 4Q F10 Parenting Plan☐ 11. Had a New Child 4Q F11 Had a New Child☐ 12. Had Contact with a Child/Children 4Q F12 Contact with Children☐ 13. Other (specify): 4Q F13a Other 4Q F13b Other SpecifyF2. Project Staff: 4Q F2a Project Staff Date: / / 4Q F2b Proj

F3. Case Notes (continue on reverse side):

4Q F3 Case Notes

[Note: Use Form 5 for Changes in Address and Services.]